

OFFICE SYMBOL (MARKS)

DATE

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Additional Duty - Telephone Control Officer (TCO)
UNIT AND UNIT ADDRESS

1. Effective (date) you are appointed as (**UNIT**) TCO:

(Primary) - (rank, full name, phone/building number) (NO SSN)

Email Address

(Alternate) - (rank, full name, phone/building number) (NO SSN)

Email Address

(Full Mailing Address)

2. Authority: AR 25-1 and DA Pam 25-1-1, Chapters 3 and 10.

3. Purpose: To enforce controls that will promote effective telephone management practices within the command to ensure proper and economical use of the official telephone.

4. Period: From _____ to _____. (One year time period)

5. Special Instructions: Individuals will familiarize themselves with and comply with the provisions of AR 25-1, DA Pam 25-1-1, and the TCO Guide. All billing inquiries are to be directed to DOIM Telephone Accounts (719) 526-4352. A TCO must ensure that communication procedures are adhered to for continuous, uninterrupted service.

6. Point of contact for this action is the undersigned at (719) xxx-xxxx.

(Authorized Signature Block)

DISTRIBUTION:

Unit File

Each Individual

DOIM, Bldg 1550